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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/763,955 02/28/2001
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 16	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

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TITLE

Compositions and methods for treatment of mitochondrial diseases

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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